



JFW

Docket No.: 09879-00036  
AGR-2002/M-221 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Thomas Seitz et al.

Conf. No. 8635

Application No.: 10/634,725

Art Unit: 1626

Filed: August 5, 2003

Examiner: SAEED, KAMAL A.

For: 3-AMINOCARBONYL SUBSTITUTED  
BENZOYL PYRAZOLONES

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/5/04

Signature: Barbara J. Miller

(Barbara J. Miller)

**AMENDMENT**

Dear Sir:

In response to the Office Action dated July 15, 2004, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. 09879-00036US
Application No. 10/634,725-Conf. #8635	Filing Date August 5, 2003	Examiner SAEED, KAMAL A.	Art Unit 1626	
Applicant(s): Thomas Seitz et al.				
Invention: 3-AMINOCARBONYL SUBSTITUTED BENZOYL PYRAZOLONES				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
Total Claims	Claims Remaining After Amendment 13	Highest Number Previously Paid - 20 =	Number Extra Claims Present	Rate x 0.00
Independent Claims	1	- 3 =	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 03-2775 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 William E. McShane Attorney Reg. No.: 32,707				
Dated: October 5, 2004				
CONNOLLY BOVE LODGE & HUTZ LLP 1007 North Orange Street P.O. Box 2207 Wilmington, Delaware 19899 (302) 658-9141				